

# The Resident-Directed menu

by | *James H. Collins, PhD*

**Residents in many long-term care facilities** are experiencing an exciting new trend in dietary services—the resident-directed menu. As a part of person-centered care and culture change, the resident-directed menu goes above and beyond what many traditional long-term care facilities offer in terms of dietary services. The resident gets to know the dietary manager and the chef, is in charge of what types of foods are ordered, tries new foods with the dietary staff, and is invited into the kitchen to create new culinary delights side-by-side with the kitchen staff. By far, this takes the quality of dining and life to a new all-time high.

### What is a Resident-Directed Menu?

A resident-directed menu is one in which residents choose foods that are to be ordered by kitchen staff. This is a significant departure from the traditional model of dietary services in which the dietary manager orders foods from a catalog that are chosen for residents. Choice regarding what is ordered gives the resident a voice and control. The promise of person-centered care and culture change to greatly improve food services and the dining experience can be fulfilled by giving residents the opportunity to choose what foods they want on their breakfast, lunch, dinner, and snack menus.

### Getting Started

According to Chef Will Rosch and Mark Grippi, LNHA at Beachwood Pointe in Beachwood, Ohio, the resident-directed menu is not as difficult as it may initially sound, and there are a few steps that need to be taken to put this new and exciting menu into practice. First, make sure that residents have the opportunity to get to know the dietary manager or the chef. Chef Will believes that the more comfortable residents become with him, the more vocal they will become in making menu choices for themselves. How did he accomplish this? He visits residents one-on-one, has meals with them, and visits them during activities such as bingo, enjoying a casual chat about their food preferences and dislikes. In other words, he made a personal and genuine connection.

Second, a crucial step in creating the resident-directed menu involves augmenting Resident Council by including a food committee that meets at least twice per month. Administrator Grippi stresses that it is important to have the chef at these meetings because he doesn't feel "locked into things like food order guides and the menu given to him by food vendors." He goes to the meetings with a "can do" attitude and finds ways of mak-



## Chef Will believes

that the more comfortable residents become with him, the more vocal they are in making menu choices for themselves. He makes personal and genuine connections with residents to learn about their food preferences and dislikes.

*Chef Will at work preparing a resident-directed breakfast in his Cleveland, Ohio, facility.*

ing the resident's preferences come to fruition.

Third, the administrator, dietary manager, chef, and kitchen staff must be committed to making changes to the menu based on what residents desire, cooking from scratch instead of ordering pre-made items, and using the dietitian to educate dietary managers and kitchen staff to ensure residents get what they want and are receiving the appropriate number of calories per meal.

### Ask Residents What They Want on the Menu

A crucial step in creating the resident-directed menu is getting to know what residents want. Chef Will indicates that he asks residents what they enjoyed eating when they were younger and what they liked cooking at home before coming to the facility.

He even invites them in the kitchen to help him and his staff figure out recipes that residents loved to make and eat. "They get very excited when they can come to the kitchen and show the chefs how it's done," he said.

### Start Upon Admission

The chef and his kitchen staff interview residents upon admission and explain that the facility and especially the kitchen provide special services that they will find delightful. One of the most exciting things that residents find appealing is that the kitchen is open longer hours, usually between 6 a.m. to 7:30 p.m., and they can order anytime they want. The whole point of this is to make residents feel at home. Everything in the kitchen is available to residents while the kitchen is open—period.

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The kitchen staff at Beachwood Pointe cook from scratch and have stopped ordering many pre-cooked frozen foods. They have found that by using fresh ingredients, most of the time, the entree can be produced at a lower cost.

“Our dietary program isn’t meant to merely sustain a resident—it is meant to make them thrive.” Another innovative aspect of the resident-directed menu is that it is customized to please local tastes. Grippi explains, “Residents want items that would be classified as comfort foods, but from their generation and from their home towns, where they grew up.”

#### Form a Culinary Council

Chef Will has a Culinary Council that meets once a month. He also meets with residents in their regularly-scheduled Resident Council meeting and discusses food preferences for

the month. “Every month, on a rotating basis, we review a meal period for the cycle. The residents make their suggestions and requests and I make the changes. There were 29 requests for the month of February and I was able to implement 28 of them. One of the requests was something that we already had in place.” The point here is to provide an open forum for discussion about food and then do something about it.

#### Ordering from Vendors and Costs

Gordon Ramsay says “There is no such thing as fresh frozen!” and this

holds true for the resident-directed menu. The kitchen staff at Beachwood Pointe cook from scratch and have stopped ordering many pre-cooked frozen foods. According to Chef Will, “We got rid of the pre-cooked products such as meatloaf, stuffed peppers, cabbage rolls, and baked fish. We went to making it from scratch. If we have cabbage rolls on the menu, then we hand make and roll up to 300 cabbage rolls. When we have beer-battered fish, we make our own batter and fry our fish in the tilt skillet. Most of the time, the entree can be produced at a lower cost.”

In terms of ordering food, Grippi believes that “. . .if you order in bulk and prepare meals as you would for your family, costs are often reduced instead of increased. We order milk and cereal in bulk and serve it in glassware instead of plastic containers. Not only do you save money, but the presentation and dining experience is so much better for the resident.” Fresh soups are made daily and when we serve French toast or pancakes, they are never frozen. “We are now looking into making a higher percentage of our desserts from scratch.” Grippi adds, “Our next evolution is that we plan to start going to the West Side Market to purchase our produce. This will not only save us money by going directly to the source, but it will increase quality and further our efforts to provide resident-directed dining and high quality meals.”

In terms of staffing, there is no increase in costs. It wasn’t necessary to add staffing for any of these changes, according to the chef. “We did, however, expand the time of service. That way a resident who wanted to eat a little later could, and if a resident has an appointment or has to be in therapy, they are still able to enjoy a hot meal.” Despite this, Grippi explains, “This initiative has been budget neutral. By moving to a scratch kitchen and cooking meals based on what residents want, we have been able to provide a

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higher quality meal with significantly less waste.” By wasting less food and money, the facility was able to afford hardware upgrades in the kitchen, such as portable steam tables, better dishware and glassware, and more professional uniforms for the kitchen staff.

### What's On the Menu?

Here is where things get very exciting—not only for the residents, but for the kitchen staff, who can explore food options and become very creative. “Some items on our menu include chicken Marsala, apricot chicken with fresh baked apples, BBQ ribs that are prepared on our outside grill, and roasted red skin potatoes with garlic, thyme, and rosemary. We also make our own potato, macaroni, tuna, and chicken salads from scratch. A typical lunch or dinner menu would include BBQ ribs, collard greens, corn on the cob, and cornbread. Another menu would include homemade fried chicken and scalloped potatoes. Every item on the menu is there because residents want it there. One of the main objectives was to get residents out of their rooms for meals and get them to come to the dining room. To make the dining experience even better, we upgraded our tablecloths and napkins, added condiment dollies and sugar caddies on each table, and then serve residents sit-down style. We also did away with tray service completely.”

The facility introduced an a la carte menu to provide residents with additional food choices. In the morning the chefs set up their gear on each floor and provide made-to-order breakfast such as omelets or Belgian waffles. The facility also implemented a snack and alternate menu throughout the day. “We actually call it room service, because residents can order whatever they want and have it deliv-



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ered to their room if they did not like what was on the regular menu.” The snack menu provides choices like turkey burgers, the World’s Best Chicken or Tuna Salad, chef salad, or fresh seasonal fruits. “We also brought in Hershey ice cream and deliver it throughout the facility and in the dining room in an ice cream freezer cart and keep it stocked with novelty ice creams, such as drumsticks, ice cream sandwiches, sundaes, and éclair bars.”

### Outcomes and Benefits of the Resident-Directed Menu

The outcomes and benefits of implementing a resident-directed menu in long-term care are positive and numerous. One of the most notable differences is that residents eat more because they are in charge of ordering food, participate in preparing food, and feel more in control of their lives in general. Weight loss, especially unintended weight loss, is no longer expected. Residents are eating what they want, when they want, and are truly enjoying the dining experience. Another outcome is that family members dine more often with residents because they also enjoy the menu. This produces a great social environment and brings family dining back to life. One wonderful benefit involves

where residents eat—they are leaving their rooms and eating together in the dining room. Chef Will explains: “We went from a 40 percent turnout in two of our dining rooms to 90 percent within three weeks of resident-directed menus and person-centered dining.” That’s quite a remarkable difference. Another benefit involves not only residents, but the staff as well—there are almost no food complaints from residents or their families. Other benefits include decreased behavioral problems during meals, decreased falls, improved skin integrity, and general psychosocial well-being of residents, staff, and family members alike.

### Final Comments

The resident-directed menu is one creative way to deliver on the promise of person-centered care and culture change. It is an exciting way to create menus that residents will love, families will respect, and staff will enjoy preparing. Chef Will says it best: “The most important thing to remember is this—if your menu doesn’t match your clientele, they simply won’t eat. Why prepare meals that no one wants? It’s our job to find out what our residents want to eat and to make sure they receive it.” **DM**

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